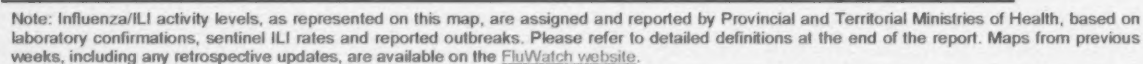


Overall Summary

- Are you a primary health care practitioner (General Practitioner, Nurse Practitioner or Registered Nurse) interested in becoming a FluWatch sentinel for the 2014-15 influenza season?**

Influenza/ILI Activity (geographic spread)

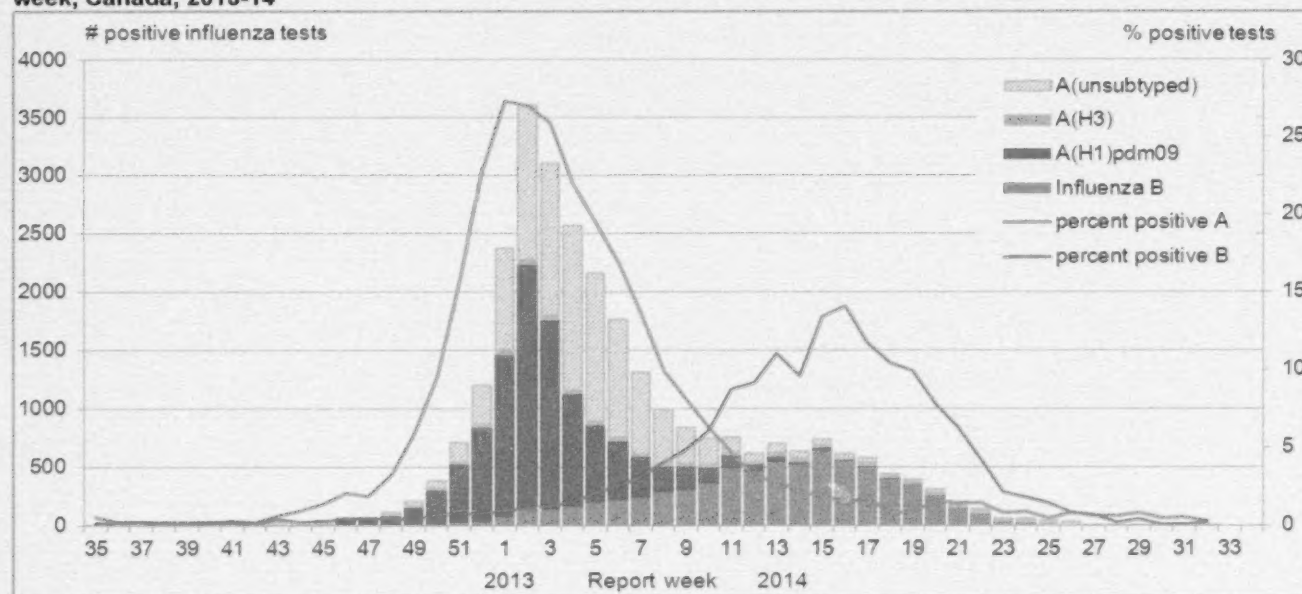
Figure 1. Map of overall influenza/ILI activity level by province and territory, Canada, Week 32



Influenza and Other Respiratory Virus Detections

The number of positive influenza tests was at inter-seasonal levels in week 31 (9 detections) and week 32 (5 detections), with <1% of tests positive for the past three weeks (Figure 2). Most jurisdictions have reported only sporadic numbers of influenza detections in recent weeks (Table 1). Over the past 6 weeks, 76 influenza detections were reported, of which 67% were influenza A and 35/38 of those subtyped were influenza A(H3N2). Compared to A(H1N1)pdm09 which was predominant earlier this season, both influenza B and A(H3N2) have affected a greater proportion of adults ≥ 65 years of age (Table 2).

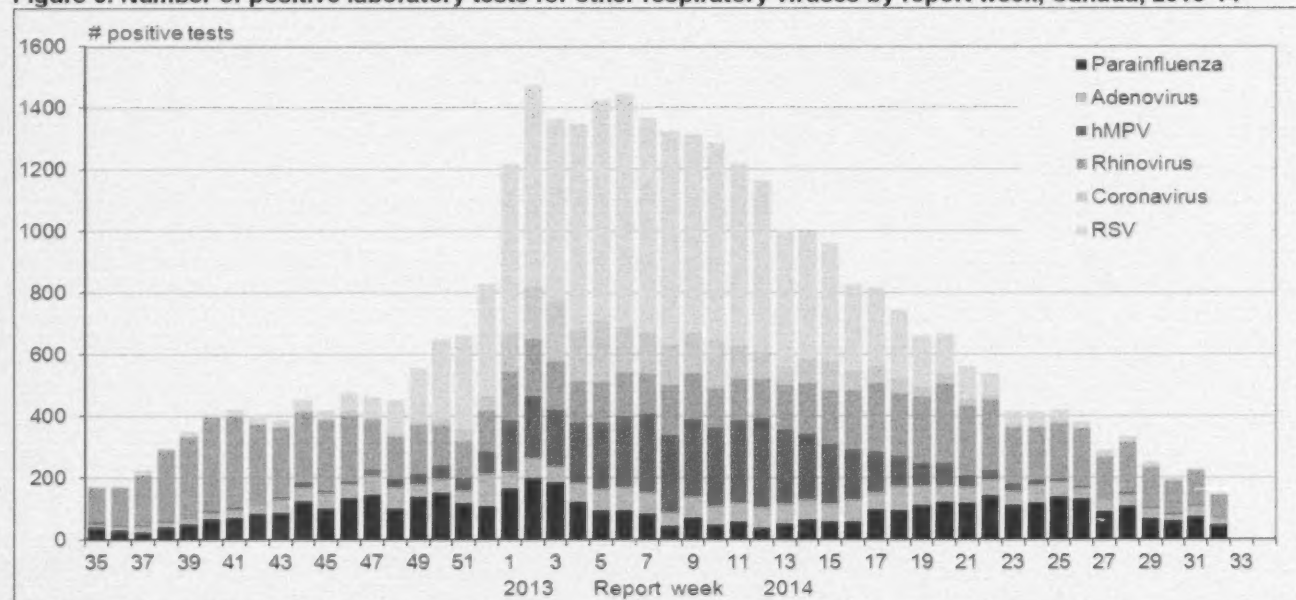
Figure 2. Number of positive influenza tests and percentage of tests positive, by type, subtype and report week, Canada, 2013-14



In weeks 31 and 32, detections of other respiratory viruses were at inter-seasonal levels (RSV, coronavirus, and human metapneumovirus) or on a downward trend in keeping with their usual pattern of seasonal circulation (parainfluenza, adenovirus and rhinovirus) (Figure 3).

For more details, see the weekly [Respiratory Virus Detections in Canada Report](#).

Figure 3. Number of positive laboratory tests for other respiratory viruses by report week, Canada, 2013-14



RSV: Respiratory syncytial virus; hMPV: Human metapneumovirus

Table 1. Weekly and cumulative numbers of positive influenza specimens by type, subtype and province, Canada, 2013-14

Reporting provinces ¹	Two weeks (July 27 to August 9, 2014)					Cumulative (August 25, 2013 to August 9, 2014)				
	Influenza A				B	Influenza A				B
	A Total	A(H1)pdm09	A(H3)	A(UnS)		A Total	A(H1)pdm09	A(H3)	A(UnS)	
BC	4	0	3	1	0	1838	1616	79	143	386
AB	0	0	0	0	1	3905	3463	126	316	573
SK	1	0	0	1	0	1385	988	8	389	198
MB	0	0	0	0	0	685	463	7	215	72
ON	5	0	4	1	1	5847	2499	433	2915	3119
QC	1	0	0	1	1	5381	677	6	4698	2748
NB	0	0	0	0	0	1491	370	2	1119	134
NS	0	0	0	0	0	175	134	5	36	52
PE	0	0	0	0	0	119	118	0	1	5
NL	0	0	0	0	0	385	104	0	281	265
Canada	11	0	7	4	3	21211	10432	666	10113	7552
Percentage ²	78.6%	0.0%	63.6%	36.4%	21.4%	73.7%	49.2%	3.1%	47.7%	26.3%

Table 2. Weekly and cumulative numbers of positive influenza specimens by type, subtype and age-group reported through case-based laboratory reporting³, Canada, 2013-14

Age groups (years)	Two weeks (July 27 to August 9, 2014)					Cumulative (August 25, 2013 to August 9, 2014)						
	Influenza A				B	Influenza A				B	Influenza A and B	
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	#	%
<5	0	0	0	0	0	3272	1454	43	1775	558	3830	16.5%
5-19	1	0	1	0	1	1336	707	27	602	831	2167	9.3%
20-44	0	0	0	0	0	5114	2819	55	2240	1033	6147	26.4%
45-64	1	0	1	0	0	4494	2396	73	2025	1531	6025	25.9%
65+	2	0	1	1	1	2669	1002	181	1486	2286	4955	21.3%
Unknown	0	0	0	0	0	137	102	21	14	9	146	0.6%
Total	4	0	3	1	2	17022	8480	400	8142	6248	23270	100.0%
Percentage ²	66.7%	0.0%	75.0%	25.0%	33.3%	73.1%	49.8%	2.3%	47.8%	26.9%		

¹ Specimens from NT, YT, and NU are sent to reference laboratories in other provinces. Cumulative data includes updates to previous weeks.

² Percentage of tests positive for; sub-types of influenza A are a percentage of all influenza A detections.

³ Table 2 includes specimens for which demographic information was reported. These represent a subset of all positive influenza cases reported.

UnS: unsorted: The specimen was typed as influenza A, but no result for subtyping was available.

Influenza Strain Characterizations

During the 2013-2014 influenza season, the National Microbiology Laboratory (NML) has antigenically characterized 2,468 influenza viruses [179 A(H3N2), 1,402 A(H1N1)pdm09 and 887 influenza B]. The vast majority (99%) of viruses were similar to the strains recommended by the WHO for the 2013-14 seasonal influenza vaccine. Two A(H1N1)pdm09 viruses showed reduced titres to antiserum against the reference A/California/07/2009 strain, and one A(H3N2) virus showed reduced titres to antiserum against the reference A/Texas/50/2012 strain. Thirty influenza B viruses were similar to the strain recommended by the WHO for the 2011-12 vaccine (Figure 4).

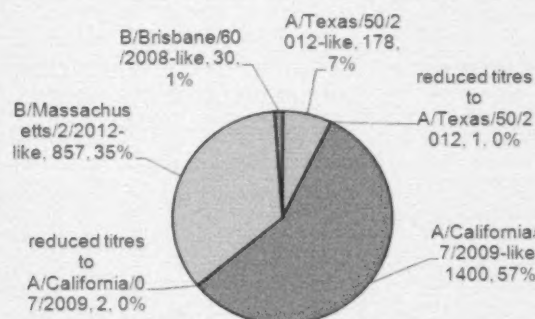


Figure 4. Influenza strain characterizations, Canada, 2013-14, N = 2,468

The NML receives a proportion of the number of influenza positive specimens from provincial laboratories for strain characterization and antiviral resistance testing. Characterization data reflect the results of haemagglutination inhibition (HAI) testing compared to the reference influenza strains recommended by WHO.

The recommended components for the 2013-2014 northern hemisphere trivalent influenza vaccine include: an A/California/7/2009(H1N1)pdm09-like virus, an A(H3N2) virus antigenically like the cell-propagated prototype virus A/Victoria/361/2011b (e.g. A/Texas/50/2012), and a B/Massachusetts/2/2012-like virus (Yamagata lineage).

Antiviral Resistance

During the 2013-2014 influenza season, NML has tested 2,473 influenza viruses for resistance to oseltamivir and all but five were sensitive. All 2,470 viruses tested for resistance to zanamivir were sensitive. All 1,685 influenza A viruses tested for amantadine resistance were resistant (Table 3).

Table 3. Antiviral resistance by influenza virus type and subtype, Canada, 2013-14

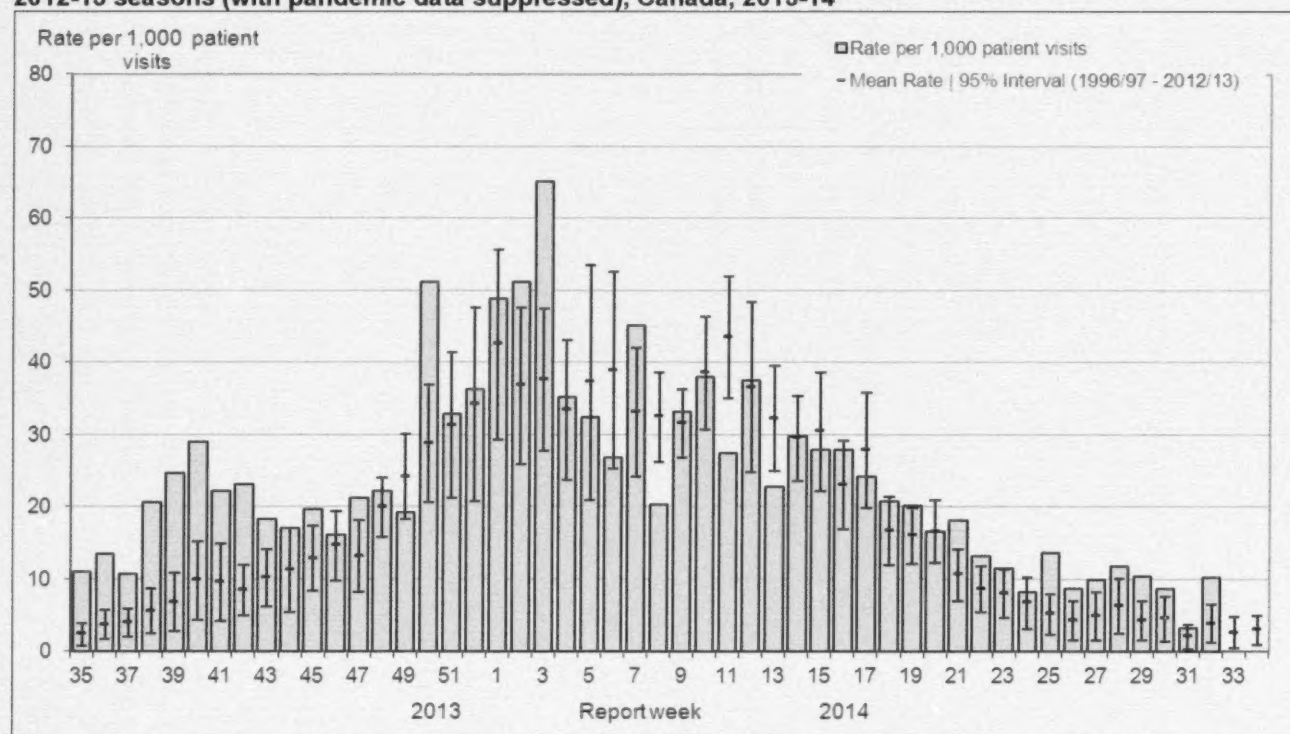
Virus type and subtype	Oseltamivir		Zanamivir		Amantadine	
	# tested	# resistant (%)	# tested	# resistant (%)	# tested	# resistant (%)
A (H3N2)	174	0	172	0	226	226 (100%)
A (H1N1)	1410	5 (0.4%)	1411	0	1459	1459 (100%)
B	889	0	887	0	NA ¹	NA ¹
TOTAL	2473	5 (0.2%)	2470	0	1685	1685 (100%)

¹ NA – not applicable

Influenza-like Illness Consultation Rate

The national influenza-like-illness (ILI) consultation rate decreased from 8.7 consultations per 1,000 patient visits in week 30 to 3.2 per 1,000 in week 31 and increased to 10.2 per 1,000 in week 32. The rates for weeks 25 to 30, and 32, were been above the expected range for this time of year (Figure 5).

Figure 5. Influenza-like-illness (ILI) consultation rates by report week, compared to the 1996-97 through to 2012-13 seasons (with pandemic data suppressed), Canada, 2013-14

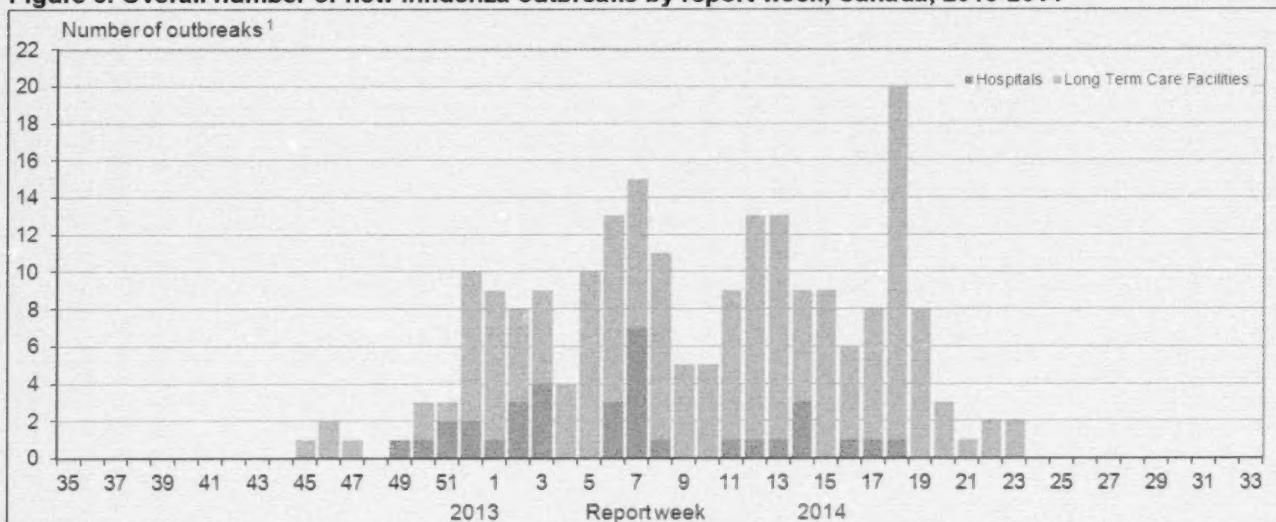


No data available for mean rate for weeks 19 to 39 for the 1996-1997 through 2002-2003 seasons. Delays in the reporting of data may cause data to change retrospectively. The calculation of the average ILI consultation rate over 17 seasons was aligned with influenza activity in each season. In BC, AB, and SK, data is compiled by a provincial sentinel surveillance program for reporting to FluWatch. The number of sentinel physicians in each province or territory is as follows: BC(21), AB(80), SK(11), MB(18), ON(169), QC(14), NB(29), NS(26), PE(4), NL(16), NU(1), NT(14), YT(13). Not all sentinel physicians report every week.

Influenza Outbreak Surveillance

No new outbreaks of influenza were reported in week 32. One new outbreak of influenza A(unsubtyped) was reported in a facility in week 31 (Figure 6).

Figure 6. Overall number of new influenza outbreaks by report week, Canada, 2013-2014

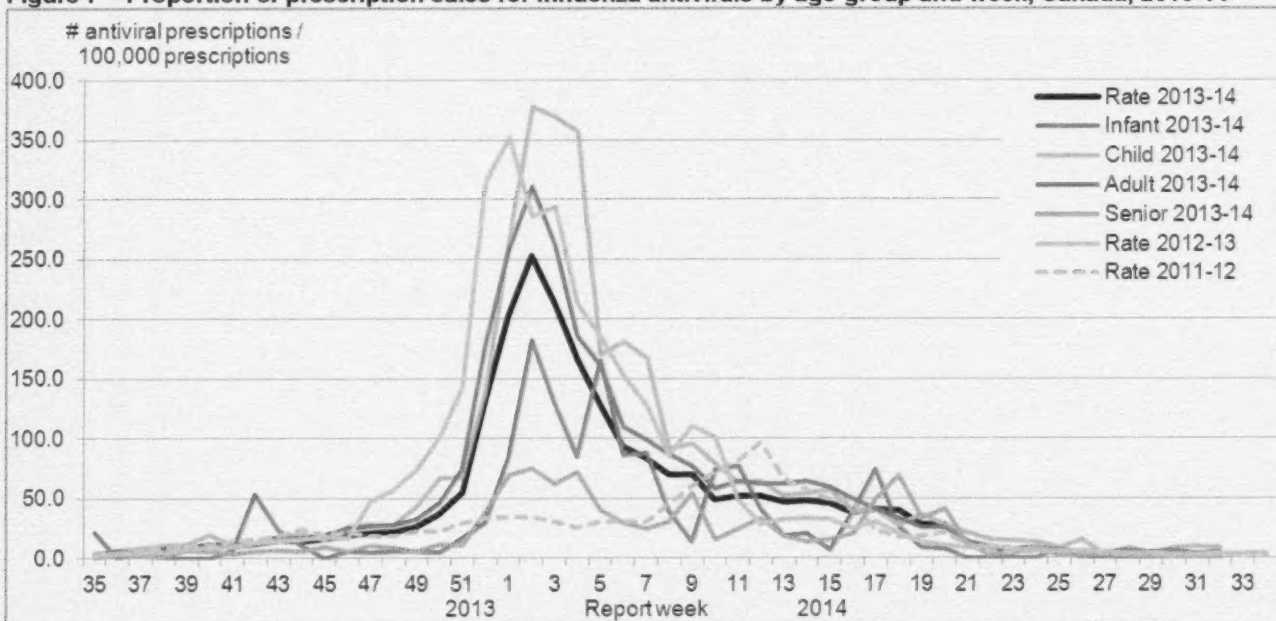


¹All provinces and territories except NU report influenza outbreaks in long-term care facilities. All provinces and territories with the exception of NU and QC report outbreaks in hospitals. Outbreaks of influenza or influenza-like-illness in other facilities are reported to FluWatch but reporting varies between jurisdictions. Outbreak definitions are included at the end of the report.

Pharmacy Surveillance

In weeks 31 and 32, the proportion of prescriptions for antivirals is at inter-seasonal levels. Overall this season, the largest proportion of prescriptions for antivirals has been among children 2-18 years of age and adults 19-64 years of age (Figure 7).

Figure 7 – Proportion of prescription sales for influenza antivirals by age-group and week, Canada, 2013-14



Note: Pharmacy sales data are provided to the Public Health Agency of Canada by Rx Canada Inc. and sourced from major retail drug chains representing over 2,500 stores nationwide (excluding Nunavut) in 85% of Health Regions. Data provided include the number of new antiviral prescriptions (for Tamiflu and Relenza) and the total number of new prescriptions dispensed by Province/Territory and age group. Age-groups: Infant: 0-2y, Child: 2-18y; Adult: 19-64y, Senior: ≥65y

Sentinel Hospital Influenza Surveillance

Paediatric Influenza Hospitalizations and Deaths (IMPACT)

In weeks 31 and 32, one new laboratory-confirmed influenza-associated paediatric (≤ 16 years of age) hospitalization, was reported by the Immunization Monitoring Program Active (IMPACT) network, a case of influenza B in a child 2-4 years of age (Figure 8a). No ICU admissions or deaths have been reported from IMPACT since week 23.

To date this season, a total of 714 influenza-associated paediatric hospitalizations have been reported by the IMPACT network, 78% of which have been influenza A, and almost all of those subtyped (97%) were A(H1N1)pdm09. Children < 5 years of age represent 73% of cases to date (Table 4). One hundred and seventeen ICU admissions have been reported, of which 75 (65%) were children < 5 years of age (Figure 9a). All but 23 were cases with influenza A, and 98% of those subtyped were A(H1N1)pdm09. Among the 116 ICU cases with available data, 74 (64%) were reported to have underlying medical conditions. One death has been reported this season. A similar number of paediatric hospital admissions have been reported this year compared to the 2012-13 season.

Note: The number of hospitalizations reported through IMPACT represents a subset of all influenza-associated paediatric hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Adult Influenza Hospitalizations and Deaths (PCIRN)

Surveillance of laboratory-confirmed influenza-associated adult (≥ 16 years of age) hospitalizations by the PHAC/CIHR Influenza Research Network (PCIRN) Serious Outcomes Surveillance (SOS) network has ended for the 2013-14 season (Figure 8b). A summary of PCIRN-SOS data for the 2013-14 season will be included in the FluWatch annual report of influenza surveillance in Canada.

During passive and active surveillance* from August 25th, 2013 to May 31st, 2014, 1,965 influenza-associated hospitalizations were reported by the PCIRN-SOS network, 1,338 (67.4%) with influenza A, predominantly A(H1N1)pdm09 (Table 5). Compared to the 2012-13 season, slightly more cases were reported, although the peak number of cases was smaller. A greater number of cases were reported during March and April compared to last year, with six times more cases of influenza B reported. ICU admission was required for 321 hospitalizations, of which 263 were cases with influenza A (137 A(H1N1)pdm09, ten A(H3N2) and 116 A(unsubtyped)), 57 were cases with influenza B and the influenza type was not reported for one case. A greater proportion of cases were admitted to the ICU this season compared to last year, but the proportion of deaths was similar. Of the ICU admissions with available information, 85.9% (189/220) were reported to have at least one comorbidity, and 68.2% (176/258) reported not having been vaccinated this season. Among the 112 deaths reported this season, all but 28 were cases of influenza A (51 A(H1N1)pdm09, three A(H3N2) and 30 A(unsubtyped)); ten cases 20-44 years of age, 37 cases 45-64 years of age and 65 cases ≥ 65 years of age (Figure 9b). Among fatal cases with available information, 93.8% (60/64) were reported to have at least one comorbidity, and 48.2% (40/83) reported not having been vaccinated this season.

Note: During the 2013-14 influenza season, PCIRN-SOS conducted passive surveillance from August 25th to November 14th, 2013, and May 16th to 31st. Cases reported during this period were identified by laboratory detection of influenza among patients admitted to participating hospitals. Active surveillance was conducted between November 15th, 2013 and May 15th, 2014 during which time PCIRN site coordinators investigated cases potentially related to influenza. Data from both active and passive surveillance reported during the 2013-14 season are included in this report. The number of hospitalizations reported through PCIRN represents a subset of all influenza-associated adult hospitalizations in Canada. Delays in the reporting of data may cause data to change retrospectively.

Table 4 – Cumulative numbers of paediatric hospitalizations with influenza reported by the IMPACT network, Canada, 2013-14

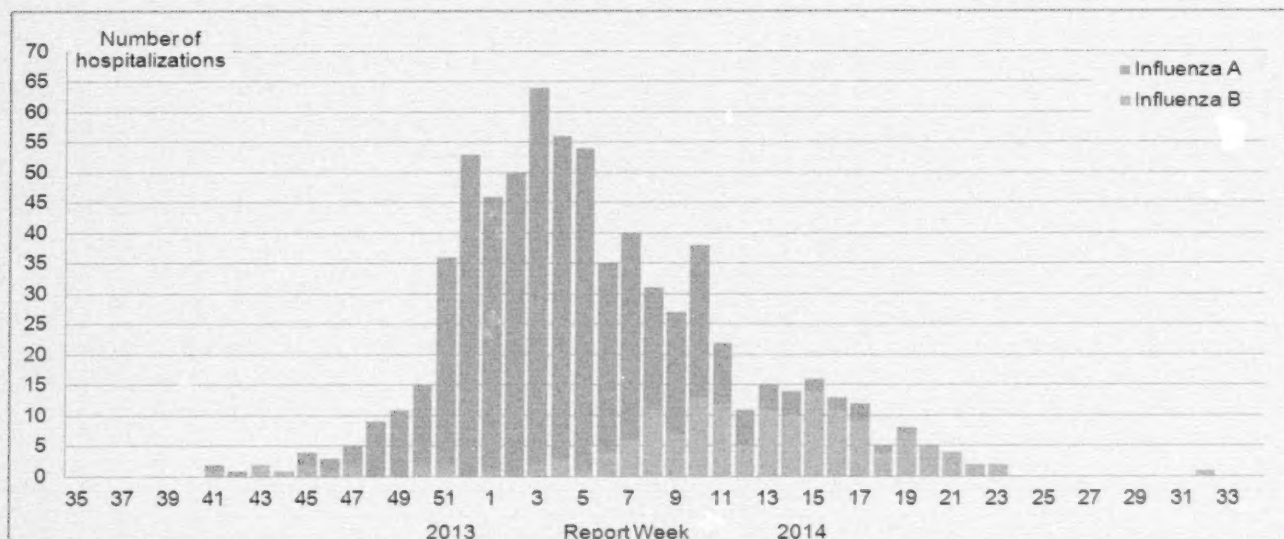
Age groups	Cumulative (25 Aug. 2013 to 9 Aug. 2014)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
0-5m	106	38	0	68	12	118 (17%)
6-23m	165	62	1	102	31	196 (27%)
2-4y	161	59	3	99	47	208 (29%)
5-9y	84	33	1	50	55	139 (19%)
10-16y	39	13	1	25	14	53 (7%)
Total	555	205	6	344	159	714
%¹	77.7%	36.9%	1.1%	62.0%	22.3%	100.0%

Table 5 – Cumulative numbers of adult hospitalizations with influenza reported by the PCIRN-SOS network, Canada, 2013-14

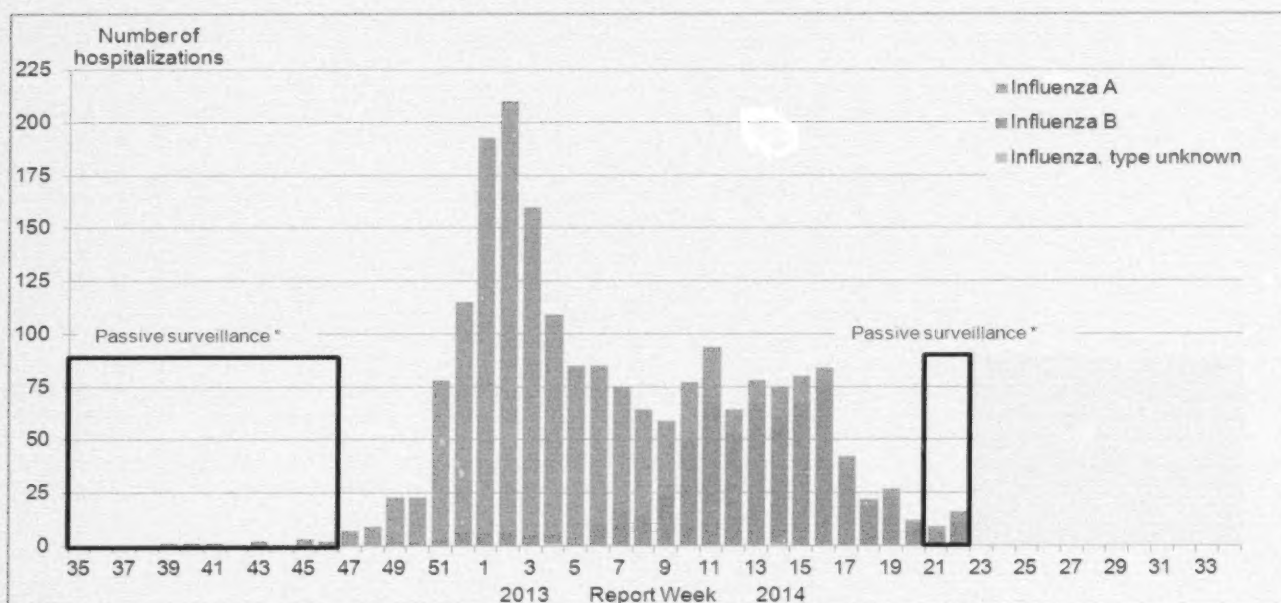
Age groups	Cumulative (25 Aug. 2013 to 31 May 2014)*					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
16-20	13	5	1	7	2	15 (1%)
20-44	276	142	7	127	47	323 (16%)
45-64	521	245	12	264	135	656 (33%)
65+	525	238	61	226	460	985 (50%)
Total	1 335	630	81	624	644	1 979
%	67%	47%	6%	47%	33%	100%

¹ Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections. UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available. * Two cases for which the influenza type has not yet been reported, and four cases for which the age-group was not reported, are not included in Table 5.

Figure 8 – Number of cases of influenza reported by sentinel hospital networks, by week, Canada, 2013-14
A) Paediatric hospitalizations (≤16 years of age, IMPACT)



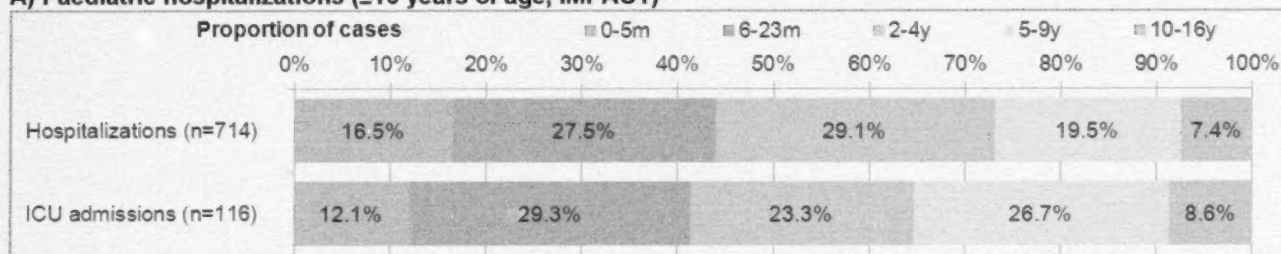
B) Adult hospitalizations (≥16 year of age, PCIRN-SOS)



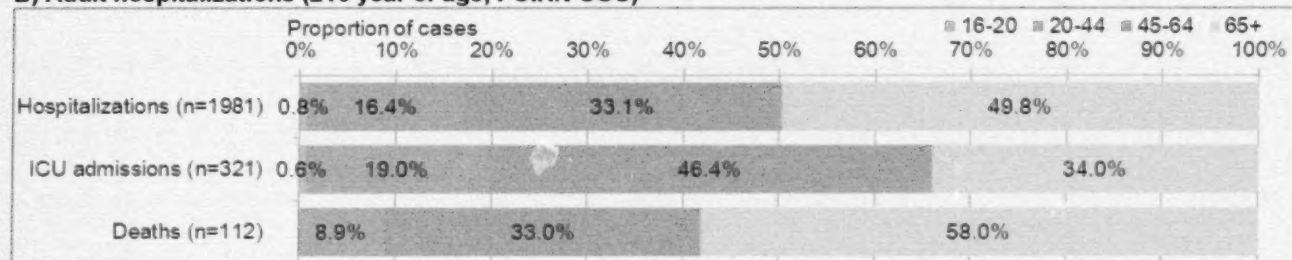
* See footnote on page 6 following the section related to PCIRN-SOS data.

Figure 9 – Percentage of hospitalizations, ICU admissions and deaths with influenza reported by age-group, Canada, 2013-14

A) Paediatric hospitalizations (≤16 years of age, IMPACT)



B) Adult hospitalizations (≥16 year of age, PCIRN-SOS)



Provincial/Territorial Influenza Hospitalizations and Deaths

In week 31 and 32, 10 laboratory-confirmed influenza-associated hospitalizations were reported from participating provinces and territories.* The majority were cases of influenza B (9, 90%). There were two deaths and no ICU admissions reported in weeks 31 and 32. The number of new influenza-associated hospitalizations and deaths reported for the current week may include cases from Ontario that occurred in previous weeks, as a result of retrospective updates to the cumulative total.

To date this season, 5,442 influenza-associated hospitalizations have been reported, 68.3% with influenza A. The majority (63.4%) of hospitalizations have been cases 45 years of age or older. A significantly greater proportion of cases of influenza B have been ≥65 years of age compared to cases of A(H1N1)pdm09 this season (Table 6). A total of 384 ICU admissions have been reported this season, of which 64.0% were adults 20-64 years of age. A total of 342 deaths have been reported. The highest proportion of deaths has been among adults ≥65 years of age (56.7%) followed by adults 20-64 years of age (35.4%). In keeping with the late-season circulation, influenza B has been increasingly reported among hospitalized cases of influenza. To date this season, influenza B has been reported in 31.7% of hospitalizations and 35.7% of deaths. It is important to note that the hospitalization or death does not have to be attributable to influenza, a positive laboratory test is sufficient for reporting. Detailed clinical information (e.g. underlying medical conditions) is not known for these cases.

* Note: Influenza-associated hospitalizations are not reported to PHAC by the following Provinces and Territory: BC, NU, QC, and NB. Only hospitalizations that require intensive medical care are reported by Saskatchewan. ICU admissions are not distinguished among hospital admissions reported from Ontario. Data may also include cases reported by the IMPACT and PCIRN networks.

Table 6 – Cumulative number of hospitalizations with influenza reported by the participating provinces and territories, Canada, 2013-14

Age groups (years)	Cumulative (25 Aug. 2013 to 9 Aug. July 2014)					
	Influenza A				B	Influenza A and B
	A Total	A(H1) pdm09	A(H3)	A (UnS)	Total	# (%)
0-4	628	290	14	324	148	776 (14%)
5-14	136	65	6	65	124	260 (5%)
15-19	40	23	4	13	10	50 (1%)
20-44	625	425	11	189	108	733 (13%)
45-64	1135	711	36	388	316	1451 (27%)
65+	1013	473	135	405	986	1999 (37%)
Unknown	138	99	3	36	35	173 (3%)
Total	3715	2086	209	1420	1727	5442
Percentage¹	68.3%	56.2%	5.6%	38.2%	31.7%	100%

¹ Percentage of tests positive for sub-types of influenza A are a percentage of all influenza A detections.

UnS: unsubtyped: The specimen was typed as influenza A, but no result for subtyping was available.

See additional data on [Reported Influenza Hospitalizations and Deaths in Canada: 2009-10 to 2013-14](#) on the Public Health Agency of Canada website.

Emerging Respiratory Pathogens

Human Avian Influenza

Influenza A(H7N9): No new cases of human infection with influenza A(H7N9) have been reported by the World Health Organization since the last FluWatch report. Globally to August 14, 2014, the WHO has been informed of a total of 451 laboratory-confirmed human cases with avian influenza A(H7N9) virus, including 171 deaths.

Documents related to the public health risk of influenza A(H7N9), as well as guidance for health professionals and advice for the public is updated regularly on the following websites:

[PHAC – Avian influenza A\(H7N9\)](#)

[WHO – Avian Influenza A\(H7N9\)](#)

Middle East Respiratory Syndrome Coronavirus (MERS-CoV)

Despite recent increases in the number of cases and sporadic reports of cases exported outside the Middle East, the public health risk posed by MERS-CoV in Canada remains low (see the [PHAC Assessment of Public Health Risk](#)). Globally, from September 2012 to August 14, 2014, the WHO has been informed of a total of 838 laboratory-confirmed cases of infection with MERS-CoV, including 293 deaths. All cases have either occurred in the Middle East or have had direct links to a primary case infected in the Middle East.

Documents related to the public health risk of MERS-CoV, as well as guidance for health professionals and advice for the public is updated regularly on the following websites:

[PHAC – Middle East respiratory syndrome coronavirus \(MERS-CoV\)](#)

[WHO – Coronavirus infections](#)

International Influenza Reports

[World Health Organization influenza update](#)

[World Health Organization FluNet](#)

[WHO Influenza at the human-animal interface](#)

[Centers for Disease Control and Prevention seasonal influenza report](#)

[EuroFlu weekly electronic bulletin](#)

[European Centre for Disease Prevention and Control - epidemiological data](#)

[South Africa Influenza surveillance report](#)

[New Zealand Public Health Surveillance](#)

[Australia Influenza Report](#)

[Pan-American Health Organization Influenza Situation Report](#)

FluWatch Definitions for the 2013-2014 Season

Abbreviations: Newfoundland/Labrador (NL), Prince Edward Island (PE), New Brunswick (NB), Nova Scotia (NS), Quebec (QC), Ontario (ON), Manitoba (MB), Saskatchewan (SK), Alberta (AB), British Columbia (BC), Yukon (YT), Northwest Territories (NT), Nunavut (NU).

Influenza-like-illness (ILI): Acute onset of respiratory illness with fever and cough and with one or more of the following - sore throat, arthralgia, myalgia, or prostration which is likely due to influenza. In children under 5, gastrointestinal symptoms may also be present. In patients under 5 or 65 and older, fever may not be prominent.

ILI/Influenza outbreaks

- **Schools:** Greater than 10% absenteeism (or absenteeism that is higher (e.g. >5-10%) than expected level as determined by school or public health authority) which is likely due to ILI. Note: it is recommended that ILI school outbreaks be laboratory confirmed at the beginning of influenza season as it may be the first indication of community transmission in an area.
- **Hospitals and residential institutions:** two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case. Institutional outbreaks should be reported within 24 hours of identification. Residential institutions include but not limited to long-term care facilities (LTCF) and prisons.
- **Workplace:** Greater than 10% absenteeism on any day which is most likely due to ILI.
- **Other settings:** two or more cases of ILI within a seven-day period, including at least one laboratory confirmed case; i.e. closed communities.

Note that reporting of outbreaks of influenza/ILI from different types of facilities differs between jurisdictions.

Influenza/ILI Activity Levels

- 1 = No activity: no laboratory-confirmed influenza detections in the reporting week, however, sporadically occurring ILI may be reported
- 2 = Sporadic: sporadically occurring ILI and lab confirmed influenza detection(s) with **no outbreaks** detected within the influenza surveillance region†
- 3 = Localized: (1) evidence of increased ILI* ;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring in **less than 50% of the influenza surveillance region†**
- 4 = Widespread: (1) evidence of increased ILI* ;
(2) lab confirmed influenza detection(s);
(3) **outbreaks** in schools, hospitals, residential institutions and/or other types of facilities occurring **in greater than or equal to 50% of the influenza surveillance region†**

Note: ILI data may be reported through sentinel physicians, emergency room visits or health line telephone calls.

* More than just sporadic as determined by the provincial/territorial epidemiologist.

† Influenza surveillance regions within the province or territory as defined by the provincial/territorial epidemiologist.

We would like to thank all the Fluwatch surveillance partners who are participating in this year's influenza surveillance program.

This report is available on the Public Health Agency website at the following address: <http://www.phac-aspc.gc.ca/fluwatch/index.html>.

Ce rapport est disponible dans les deux langues officielles.